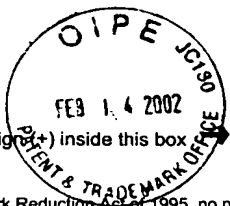


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/976,597	
	Filing Date	Oct 12, 2001	
	First Named Inventor	Fries, William M.	
	Group Art Unit	TBD	
	Examiner Name	TBD	
Total Number of Pages in This Submission	24	Attorney Docket Number	70683

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

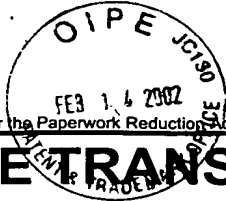
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Individual name	Scott J. Menghini, Reg. No. 42,880
Signature	
Date	January 31, 2002

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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/976,597	
		Filing Date	10/12/2001	
		First Named Inventor	Fries, William M.	
		Examiner Name	TBD	
TOTAL AMOUNT OF PAYMENT (\$)		130.00	Attorney Docket No.	70683

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabin & Flannery <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																																																																																																																																																																													
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Scott J. Menghini	Registration No. (Attorney/Agent)	42,880
Signature		Telephone	858-552-1311
		Date	January 31, 2002

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